Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and (h)



4001 Rodney Parham Drive • Little Rock, Arkansas 72212 (501) 748-7000

June 11, 2014

Received & inspected

JUN 3 0 2014

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street SW Washington, D.C. 20554

FCC Mail Room

Ms. Karen Majcher Vice President – High Cost Low Income Division Universal Service Administrative Company 2000 L Street NW, Suite 200 Washington, D.C. 20036

RE: Connect America Fund, WC Docket No. 10-90: Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules enclosed is the 2014 annual report and certifications for Windstream Study Area Code 170151 located in Pennsylvania. A copy of this report is also being filed with the Universal Service Administration Company (USAC), relevant state public service commissions, and tribal governments.

Should you have any questions, please contact me via email at <u>jeff.l.heacox@windstream.com</u> or by phone at 501-748-5390.

Sincerely,

Jeff Heacox

Staff Manager Compliance Reporting

Enclosures

Cc: Applicable State Public Utilities Commissions, State Public Service Commissions, and Tribal Governments

No. of Copies rec'd
List ABCDE

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form A81 OMB Control July 2013	No. 3060-0986/QMB Control No. 3060-0 19
<010>	Study Area Code	170151		
<015>	Study Area Name	BUFFALO VALLEY TEL		Received a
<020>	Program Year	2015		Received & Inspected
<030>	Contact Name: Person USAC should contact with questions about this data	Jeffrey L. Heacox		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5017485390 ext.		JUN 3 0 2014 FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff.l.heacox@windst	tream.com	PCC Mail Room
ANNUA	L REPORTING FOR ALL CARRIERS			54.313 54.42 Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	111816
	Outage Reporting (voice)		(complete attached worksheet)	/ /
<210>		outages to report		1 Chillian
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)		(attach des	criptive document)
	L			
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)		(attach de	scriptive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 1.41			/ /
<420> <430>	Mobile [0.0] Number of Complaints per 1,000 customers (broads	oand)		
<440>	Fixed 1.26			18888
<450> <500>	Mobile 0.0 Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certification)	/ /
<510>	170151PA510.pdf		(attached descriptive document)	/
<600>	Functionality in Emergency Situations		(check to indicate certification)	
	170151PA610.pdf		(attached descriptive document)	
<610>			guidened descriptive documenty	
<700>	Company Price Offerings (voice)		(complete attached worksheet)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	64	(complete attached worksheet) es, complete attached worksheet)	
	Voice Services Rate Comparability	10 9	(check to indicate certification)	
<1010>			(attach descriptive document)	\ MINIO
<1100>	Terrestrial Backhaul (Y/N)?	(if	not, check to indicate certification)	VIIII)
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works		
saggaggana	Including Rate-of-Return Carriers affiliated with Pri	ice Cap Local Exchange	Carriers	
<2000> <2005>	750		(check to indicate certification) (complete attached worksheet)	
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	(check to indicate certification)	188888
<3005>			(complete attached worksheet)	11/1/16

V/443051013	ervice Quality Improvement Reporting illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170151	
<015>	Study Area Name	BUFFALO VALLEY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacoxawindatream.com	
<110>	Has your company received its ETC certification from the FCC?	(yes/no) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your c	company is a	×
	CETC which only receives frozen support, your progress report is only	l .	
	required to address voice telephony service.	ł	1
	Please check these boxes below to confirm that the attached documents(s), on lit 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113>	112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire	ne	Name of Attached Document
	112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
114>	112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets	ne	Name of Attached Document
<114> <115>	112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received	ne	Name of Attached Document
<113> <114> <115> <116> <117>	112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality	ne	Name of Attached Document

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OM8 Cantrol No. 3060-0986/OM8 Cantrol No. 3060-0819
以来可能被引起的表现象。这种是自己的思想的思想的思想是一种"自己的"的思想。 是这种自己的是一种自己的人名英格兰的英格兰的英格兰	July 2013

<010>	Study Area Code	170151
<015>	Study Area Name	BUFFALO VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jetfrey L. Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacoxwwindstream.com

	<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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Data Col	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OM8 Centrel No. 3050 0365/OM8 Centrel No. 3150 4819 1 July 2013
<010>	Study Area Code	170151
<015>	Study Area Name	BUFFALC VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Bescox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacoxwwindstream.com
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge	

State	Fushanas (HFC)	SAC (CETC)	Bata Trans	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total and line Bates and Can
State	Exchange (ILEC)	SACICETCI	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fee
		-						
				- See at	tached worksheet			-
		-						
		-						

	adband Price Offerings ection Form	FCC Form 481 CMB Control No. 3060-0386/QMB Control No. 35/4-081b July 2013
<010>	Study Area Code	170151
<015>	Study Area Name	BUFFALO VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Hescox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1 heaconswindstream.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			See attac worksheet -	hed				
	 							
		-						

	erating Companies ection Form				FCC Form 481 CMB Control No. 3060-0966/OMB Control No. 78060-0819 July 2013
<010>	Study Area Code		170151		
<015>	Study Area Name		BUFFALO VALLS	TY TEL	
<020>	Program Year		2015		
<030>	Contact Name - Person	USAC should contact regarding this data	Jeffrey L. He	acox	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	5017485390 ex	xt.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jeff.1.hearo	onewindstream.com	
<810>	Reporting Carrier	Windstream Buffalo Valley, Inc.			
<811>	Holding Company	Windstream Holdings, Inc.			
<812>	Operating Company	Windstream Buffalo Valley, Inc.			
<813>	Called State State	de la companya de la	g spending	Carrier Carrier	(a)
		Affiliates		SAC	Doing Business As Company or Brand Designation
			See att	ached workshe	eet
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<015> <020> <030>	Study Area Code Study Area Name Program Year	170151 BUPFALC VALLEY TEL
<020> <030>		
<030>		2015
	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox
	Contact Telephone Number - Number of person identified in data line <0.	
<039>	Contact Email Address - Email Address of person identified in data line <0	30> jeff.1.heacoxewindstream.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If your co	ompany serves Tribal lands, please select (Yes, No, NA) for each these boxes	
to confirm	m the status described on the attached document(s), on line 920,	
demonstr	rates coordination with the Tribal government pursuant to	Select
5 54.313((a)(9) includes:	(Yes,No,
		NA)
	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
	Compliance with Rights of way processes	
	Compliance with Land Use permitting requirements	
	Compliance with Facilities Siting rules	
	Compliance with Environmental Review processes	
	Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.	

12014242000000000	o Terrestrial Backhaul Reporting lection Form		## ## ## ## ## ## ## ## ## ## ## ## ##	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3061-0819 July 2013			
<010>	Study Area Code		170151				
<015>	Study Area Name		BUPFALO VALLEY TEL				
<020>	Program Year		2015				
<030>	Contact Name - Person USAC should contact regarding this data		Jeffrey L. Heacox				
<035>	Contact Telephone Number - Number of person identified in data	line <030>	5017485390 ext.				
<039>	Contact Email Address - Email Address of person identified in data	line <030>	jeff.l.heacox@windstream.com				
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)						
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)						
		-					

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	170151
<015>	Study Area Name	SUFFALO VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox
<035>	Contact Telephone Number - Number of person identified in data line <03	
<039>	Contact Email Address - Email Address of person identified in data line <03	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	170151PA1210.doc
<12105	terms & Conditions of voice telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP	http://www.windstream.com/About-Us/Lifeline-Applications/
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must	
annually		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	İ
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	Í

ding	Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers	N/2013
:010>	Study Area Code	170151
015>	Study Area Name	SUFFALO VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017405390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacoxwwindstream.com
ECK ti		rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phas (e) the information reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	
2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	
2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	The second secon
2012>	2013 Frozen Support Certification	
2013>	2014 Frozen Support Certification	
2014>	2015 Frozen Support Certification	
2015>	2016 and future Frozen Support Certification	
	Price Cap Carrier Connect America (CC Support {47 CFR § 54.313(d)}	(2000)
2016>	Certification Support Used to Build Broadband	
	Connect America Phase II Reporting (47 CFR § 54.313(e))	
2017>	3rd year Broadband Service Certification	↓
2018>	5th year Broadband Service Certification	
2019>	Interim Progress Certification	
2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	rt shall provide the number, names, and
		1
2024		
2021>	Interim Progress Community Anchor Institutions	

(3000) R	rie Of Return Cerrier Additional Documentation		FCC form 481	(有)在(有)。
Data Coll	action Form		DOMESTIC OF THE RESERVE OF THE PARTY OF THE	050-0986/0M8 Control No. 3060-0819
SERVE	NAME OF THE PARTY	A Carabanas No Dans Patralle	eros yiu	Comments of Long value of Conf.
¥)				
<010>	Study Area Code Study Area Name	170151		
<020>	Program Year	BUFFALO VALLEY TELL		
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox		
<035>	Contact Telephone Number - Number of person Identified in data line <030>	5017485390 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	ieff.l.heacoxswindstream.com		
CHECK	he boxes below to note compliance on its five year service quality plan (pursuar	nt to 47 CFR § \$4.202(a)) and, for privately held carriers, ensuring	ng compliance with the fina	ncial reporting requirements set forth in 47
		e information reported on this form and in the documents atta		
			1	
			1	
(3010)	Progress Report on S Year Plan		1	
	Milestone Certification (47 CFR § 54.313(1)(1)(1))			
		Name of Attached Document Listing Required Infor	mation	
	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding catendar year.			
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))			
11.3007.005				
		Name of Attached Document Listing Required Information	20	
(3013)		(Yes/No)	\sim	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	OO	
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f	f)(2) compliance requires	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows		
		- Control of the Cont		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	1		
		Name of Attached Document Listing Required Information		
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	Ω	
(3013)				
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	Either a copy of their audited financial statement; or (2) a financial report. In a fi	ormat comparable to RUS Operating Report for Telecommunicat	tions	
		4-11.000 (1997)		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows		
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.		
	if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § \$4.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an			
	Independent certified public accountant; or 2) a financial report in a			
	format comparable to RUS Operating Report for Telecommunications			
	Borrowers,			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Co	ash Flows		
	response in a superior superior superior and superior and superior at the superior of the superior sup			
	1		1	
(3026)	Attach the worksheet listing required information		1	
	1		- 1	
	L	Name of Attached Document Listing Required Information		

Certification - Reporting Carrier Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0319. July 2013					
<010>	Study Area Code	170151			
<015>	Study Area Name	BUFFALO VALLEY TEL			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox			
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com			

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: BUFFALO VALLEY TEL Signature of Authorized Officer: CERTIFIED ONLINE Date 06/19/2014 Printed name of Authorized Officer: Tim Loken Title or position of Authorized Officer: Director Regulatory Reporting Telephone number of Authorized Officer: 5017487442 ext. Study Area Code of Reporting Carrier: 170151 Filing Due Date for this form: 06/30/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

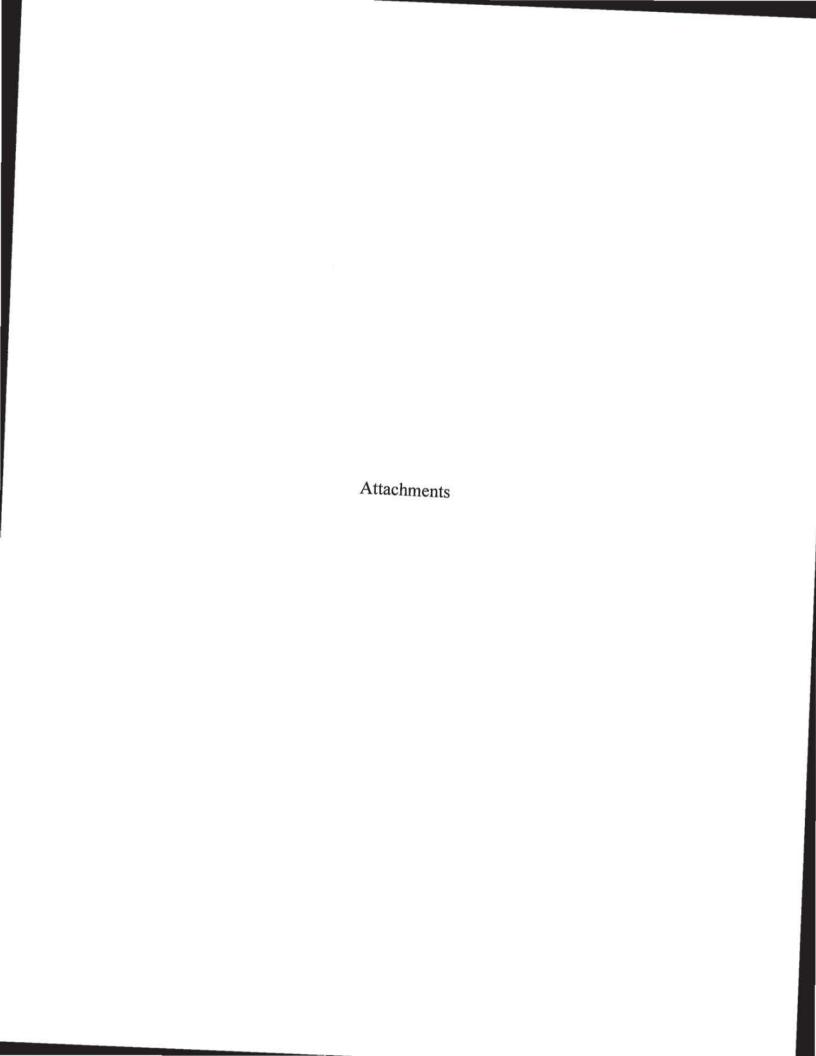
3 (22) 200 (25) (30)	tion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. (3060-0986/OMB Control No. (3060-0819 a July 2013
<010>	Study Area Code	170151
<015>	Study Area Name	BUFFALO VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox#windstream.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.
also certify that I am an officer of the reporting carrier; r agent; and, to the best of my knowledge, the reports an	sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized a provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent or Employee of Agent:			
signature of Authorized Agent or Employee of Agent:	Date:		
Printed name of Authorized Agent or Employee of Agent:			
itle or position of Authorized Agent or Employee of Agen			
elephone number of Authorized Agent or Employee of A	gent:		
study Area Code of Reporting Carrier:	Filing Due Date for this form:		



(700) Price Offerings Including Voice Rate Data Data Collection Form	医加克里尔曼斯特里尔尼斯 医多次分泌	FCC Form 481	墨
Data Collection Form		OMB Control No. 3060-0988/OMB Control No. 1060-081	9
		3 Ouly 2018	

<010>	Study Area Code	170151
<015>	Study Area Name	BUFFALO VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.i.heacoxswindstream.com
	control control and the control of t	Jest a new cover a strong Centil Cont

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 1/1/2014

<703>

State	≮a2> Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	\$ \$\dot{\dot{\dot{\dot{\dot{\dot{\dot{	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
PA	LEWISBURG		FR	17.3	0.0	0.0	0.0	17.3
PA	MIFFLINBURG		PR	17.3	0.0	0.0	0.0	17.3
PA	LEWISBURG		MS	10.0	0.0	0.0	0.0	10.0
PA	MIFFLINBURG		MS	10.0	0.0	0.0	0.0	10.0

(710) Broadband Price Offerings		FCC Form 481	The second second second second
Data Collection Form		OM8 Control No	3060-0986/CIMB Control No. 1080-0819
	And the second s	July 2013	

<010>	Study Area Code	170151
<015>	Study Area Name	BUFFALO VALLEY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey L. Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacoxywindstream.com

S. S. S. S. S.	MUSUS STATE OF	NAME OF TAXABLE PARTY.	T SADA	VCS ONLING MAIN WOTS	STANSON SHANNERS WAS			edts .
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
PA	HARTLETON	59.99	0.0	59.99	24.0	4.0	0.0	Other, No limit on usage allowand
PA	LEWISBURG	59.99	0.0	59.99	24.0	4.0	0.0	Other, No limit on usage allowand
PA	MIFFLINBURG	59.99	0.0	59.99	24.0	4.0	0.0	Other, No limit on usage allowand
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Data Coll	ection Form	SWEET BEING WITH THE					0986 / OMB Control No 3060-0819	1		
		and the last of the second of the last	1			July 2013				
<010>	Study Area Code		170151							
<015>	Study Area Name	BUFFALO VALLEY TEL								
<020>	Program Year			2015						
<030>	> Contact Name - Person USAC should contact regarding this data			Jeffrey L. Heacox						
<035>	5> Contact Telephone Number - Number of person identified in data line <030>			5017485390 ext.						
<039>				jeff.1.heacoxwindstream.com						
<810>	Reporting Carrier	Windstream Buffalo Valley, Inc.								
<811>	Holding Company	Windstream Holdings, Inc.								
<812>	Operating Company	Windstream Buffalo Valley, Inc.								
<813>	CHARLES CONTRACTOR	The state of the s	SECULATION!	100 CO2	Lawrence Valley County	43	MANAGEMENT OF THE STATE OF THE	ä		
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		Affiliates		SAC	Doing Bu	isiness As Company or B	Frand Designation			
	Windstream	Communications, Inc.						-		
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